

9th June 2010, Kathmandu - With still five years left before the expiry of the Millennium Development Goals' (MDGs) 2015 deadline to reduce under-five mortality rate by two-thirds from the 1990 level, a mid-term survey of Nepal Family Health Program (NFHP) II shows the country has already achieved the target.

The MDGs are eight time-bound goals focusing on poverty and its different dimensions that all United Nations member states and several international organisations must achieve by 2015. According to the (NFHP) II, the country's under-five mortality rate per 1,000 live births plummeted to 50 in 2009 from 162 in 1990, thus already meeting the 2015 target of bringing down the number to 54.

Funded by the United States Agency for International Development, the NFHP II is a family planning/maternal, neo-natal and child health project that was launched in December 2007 and will continue till September 2012. NFHP I ran from December 2001 to November 2007.

Globally, according to a study published in the British medical journal 'The Lancet', under-five mortality is projected to drop to 7.7 million in 2010 from 11.9 million in 1990.

Based on the Nepal Demographic Health Survey (NDHS) 2006 report, which showed that under-five child mortality rate had fallen to 61 in 2005, the government projects the rate to decline further to 41 by the end of 2010.

Yet, such estimates "look far-fetched now," says the United Nations Development Programme's (UNDPs) National MDG Campaign and Advocacy Specialist, Seema Rajouria, "considering what the country had to go through in the last four years, which seriously limited the reach of many programmes." She remains optimistic, however, "that we are still pretty much in the right direction," citing the NPHP II mid-term survey indicators.

This tiny Himalayan country has been rocked by political instability since 1996 when the Maoists launched a decade-long bloody war against the state that claimed 16,000 lives. After the Maoists joined mainstream politics in 2006, the country has witnessed dramatic changes such as the country's transformation from a constitutional monarchy to a republic.

Raj Kumar Pokharel, chief of Nutrition Section at the Child Health Division under the Ministry of Health and Population, however, begs to differ with UNDPs Rajouria: "While it is true that we have witnessed political upheavals even after the Maoists and the government signed a peace deal in 2006, it hasn't affected programmes aimed at reducing child mortality," he says.

Meanwhile, based on the NFHP II mid-term survey, infant mortality rate (IMR) per 1,000 live births has dropped to 41 in 2009 from 108 in 1990 but is still short of the MDG target of 34. But with five years left before the 2015 deadline, "Nepal would be able to achieve the MDG target on IMR," says a 2010 report on Nepal's MDG progress prepared by the National Planning

Commission (NPC).

The South Asian country's under-five mortality rate would have declined further if the government had been able to make more headway in bringing down neonatal mortality, which refers to the death of live-born babies within the first month of life.

"The neonatal mortality, which accounts for the majority (69 percent) of infant deaths, fell by only about one-third. To reduce mortality further among children in Nepal will require greater attention to the care of newborns and infants," says the NPC report.

Yet Nepal is not an exception in its struggle to fight neonatal mortality. According to the report of 'The Lancet', globally 3.1 million newborns are projected to die this year in contrast to 2.3 million infants and 2.3 million children aged one to four years old.

Immunisation programmes have played a huge part in fighting child mortality in the country. "The percentage of one-year-olds immunized against measles accounted for 92.5 percent in 2006," says the NPC. This shows that the country had already achieved the 90 percent target four years back.

Earlier estimates indicated that Nepal would achieve 100 percent immunisation of one-year-olds against measles by 2010. However, according to the NPC progress report, "the government has not been able to sustain the 90 percent coverage achieved in 2006. Measles immunization for children under 12 months has been reduced to 79 percent in 2007/08 and has been fluctuating over the years." Newer data are still unavailable.

The NPC progress report further adds: "The health service coverage under child health has been (on a decline) due to disturbances and frequent 'bandhs' (strikes), especially in the Terai region (the plains of Nepal)."

The Terai region had been destabilised by intense protests throughout 2007 and 2008 as political groups demanded a separate autonomous state. Though the political demand for one state has long lost steam following a split in the Madhesi Janadhikar Forum, the party that led the protests, armed groups have proliferated in the region, turning the law and order situation into a shambles.

Despite a fairly good progress, Nepal still has a long way to go in reducing geographical and urban-rural disparity vis-à-vis under-five deaths.

"Mortality in urban area is consistently lower than in rural area, with under-five mortality being 35.9 percent lower in urban area than in rural area, and infant mortality being 36.6 percent (lower). There is also considerable variation in mortality by ecological zones, with under-five mortality ranging from a low of 62 per 1,000 live births in the hills to a high of 128 per 1,000 live births in the mountains," says the NPC progress report.

Similarly, the differences are stark across development regions. Infant mortality is extremely high at 97 per 1,000 live births in the mid-western region and 74 in the far-western region of the

South Asian state.

"Now that we have achieved the MDG target on child mortality, we will now shift our focus on making interventions to reduce such disparities," says the health and population ministry's Pokharel.

Source: [IPS](#)